

**CITY OF SANTA BARBARA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**Sub-grantee Agency Monthly Report & Request for Payment**

**Sub-grantee Agency** \_\_\_\_\_

**Program/Project Title** \_\_\_\_\_ **Project #** \_\_\_\_\_

**Month/Year** \_\_\_\_\_ **Prepared by:** \_\_\_\_\_

**SECTION I: Financial**

Code # / Name	Grant Amount	Request Amount	Total Spent To Date	Balance CDBG Grant
<b>Salary:</b>				
Salaries	\$	0010 \$	0010 \$	0010 \$
Group Ins	\$	0050 \$	0050 \$	0050 \$
Workers Comp	\$	0060 \$	0060 \$	0060 \$
Retirement	\$	0070 \$	0070 \$	0070 \$
Unemployment Ins.	\$	0080 \$	0080 \$	0080 \$
		<b>Total \$</b>	<b>Total \$</b>	<b>Total \$</b>
<b>Supplies/Services:</b>				
Ins. & Bonds	\$	0420 \$	0420 \$	0420 \$
Office Supplies	\$	0160 \$	0160 \$	0160 \$
Program Supplies	\$	0180 \$	0180 \$	0180 \$
Prof. Services	\$	0330 \$	0330 \$	0330 \$
Communication	\$	0144 \$	0144 \$	0144 \$
Electric & Gas	\$	0130 \$	0130 \$	0130 \$
Bldg/Prop Rent	\$	0270 \$	0270 \$	0270 \$
Equip & Rental	\$	0280 \$	0280 \$	0280 \$
Mileage	\$	0340 \$	0340 \$	0340 \$
Rental Assistance	\$	0440 \$	0440 \$	0440 \$
Economic Develop.	\$	0480 \$	0480 \$	0480 \$
		<b>Total \$</b>	<b>Total \$</b>	<b>Total \$</b>
<b>Capital Outlay:</b>				
Bldg Construction	\$	1601 \$	1601 \$	1601 \$
Bldg Improvements	\$	0621 \$	0621 \$	0621 \$
Equip & Furniture	\$	0641 \$	0641 \$	0641 \$
Land Acquisition	\$	0611 \$	0611 \$	0611 \$
		<b>Total \$</b>	<b>Total \$</b>	<b>Total \$</b>
			<b>Total Expended To Date:</b>	\$
			<b>Grant Balance:</b>	\$

**Agency is responsible to supply supporting documentation for amount requested as per Exhibit F of Contract including but not limited to:**

**Payroll/Salary:** The amount of staff time charged to CDBG program activity must be clearly identified. If an employee's time is split between CDBG and another funding source, time distribution records supporting the allocation of charges among the sources must be submitted. This time allocation and the resulting portion of salary paid to employee for time spent working directly on CDBG-funded activities **MUST BE SIGNED BY EMPLOYEE AND SUPERVISOR OF EMPLOYEE**. Canceled checks, pay-stubs, or evidence of direct deposit will document the actual outlay of funds. Form for reporting salary is available at <http://www.santabarbaraca.gov/Resident/Health/CDBG/CDBG.htm>

⇒ **Note: N o reimbursement payments are processed without proper documentation received and approved by CDBG staff.**

## **SECTION II Accomplishments**

**Please provide a short narrative highlighting program events, trends, progress or significant deviation from your goals and objectives. Please note any staff budget changes.**

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Sub-grantee Agency \_\_\_\_\_ Month/Year \_\_\_\_\_

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**SECTION II Accomplishments, Cont.**

OBJECTIVE	ANNUAL GOAL	ACHIEVEMENTS	
		MONTH	YTD

Sub-grantee Agency \_\_\_\_\_ Month/Year \_\_\_\_\_

**SECTION III: Number of Households or Persons Assisted**

<b>RACE/ETHNICITY</b>	<b>Unduplicated Month (All)</b>	<b>Unduplicated Month (Hispanic)</b>	<b>Unduplicated Year to Date (All)</b>	<b>Unduplicated Year to Date (Hispanic)</b>
White				
Black/African American				
Asian				
American Indian or Alaska Native				
Native Hawaiian or Other Pacific Islander				
American Indian or Alaska Native <b>AND</b> White				
Asian <b>AND</b> White				
Black/African American <b>AND</b> White				
American Indian /Alaska Native <b>AND</b> Black/African American				
<b>GRAND TOTAL RACE/ETHNICITY</b>				

<b>AGE</b>	<b>Unduplicated Month</b>	<b>Unduplicated Year to Date</b>
0-18		
19-64		
65+		
<b>GENDER</b>	<b>Unduplicated Month</b>	<b>Unduplicated Year to Date</b>
Female		
Male		
<b>INCOME LEVEL</b>	<b>Unduplicated Month</b>	<b>Unduplicated Year to Date</b>
Extremely Low Income 0-30% of MFI		
Low Income 31-50% of MFI		
Moderate Income 51-80% of MFI		
Above Moderate Income 81% + of MFI		
<b>OTHER CHARACTERISTICS</b>	<b>Unduplicated Month</b>	<b>Unduplicated Year to Date</b>
Total Female Headed Households		
Individuals w/ Disabilities		
<b>HOMELESS</b>	<b>Unduplicated Month</b>	<b>Unduplicated Year to Date</b>
<b>Homeless (TOTAL)*</b>		
# of Individuals		
# of Families		
# of Chronically Homeless**		
<b>TOTAL UNDUPLICATED CLIENTS</b>		

\* Homeless individuals & families who have been assisted with transitional and permanent housing.

\*\* Individuals that have lived in a shelter or on the streets for the last year or have had four episodes of homelessness in the past 3 years.

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**SECTION IV: CERTIFICATION**

The undersigned hereby certifies that

1. The amount of \$ \_\_\_\_\_ was expended for the month of \_\_\_\_\_, \_\_\_\_\_ for the execution of the above named Program and supporting documentation is attached as required by contract;
2. If applicable, the amount of staff time charged to CDBG was paid to employee for time spent working directly on CDBG-funded activities. Time and salary documentation is attached which supports reimbursement;
3. All individuals or households directly benefiting or receiving CDBG-funded services have provided proof of income qualification. Adequate income documentation must at the minimum include confirmation such as unemployment documents, tax returns, pay stubs, etc. that objectively support the income levels reported by participants at the time they are assisted under the low-moderate (LMC) income eligibility standards; and
4. Sub-grantee is responsible for obtaining and maintaining adequate and objective income documentation on each individual or household served and is in a position to provide said documentation upon request by CDBG or HUD representatives.

<b>Signature:</b> _____	<b>Date</b> _____
Project Supervisor	

**For City of Santa Barbara Staff Use Only**

Report received within 7 days of end of month ☐ yes ☐ no. Date Received \_\_\_\_\_  
Authorization for payment and verification that expenditures are consistent with contracted scope of services:  
Community Development \_\_\_\_\_ Date \_\_\_\_\_